

| POSITION                         | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|------|
| <b>FEE DETERMINATION</b>         |          |        |      |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        |      |
| <b>FORMALITY REVIEW</b>          |          |        |      |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |      |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

| Claim | Date     |
|-------|----------|
| Final | Original |
| 1     | ✓ 8/3/04 |
| 2     | ✓        |
| 3     | ✓        |
| 4     | 0        |
| 5     | ✓        |
| 6     | 0        |
| 7     | 0        |
| 8     | 0        |
| 9     | ✓        |
| 10    | ✓        |
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| Claim | Date     |
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| Claim | Date     |
|-------|----------|
| Final | Original |
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If more than 150 claims or 10 actions  
staple additional sheet here